

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate John Hines
 Address P.O. Box 114 Greenville, MS 38901 County Washington
 Telephone 662-822-0476 Fax _____
 Office Sought House of Reps Email Address johnwhines@msmail.com

☐ Check here if above is different from previous report

____ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make
 Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting
 obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2,300.00 + \$500.00	\$2,800.00	\$5,970.00
Total amount of disbursements	\$2,750.00 + \$2300.00	\$5050.00	\$5050.00
Total amount of cash on hand		\$920.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

John Hines
 Signature of Candidate

1-31-17
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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Name of Candidate or Committee John HinesReporting period 1-28-16 through 1-31-17

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>CUS / CARE mark</u>	<u>1/1/16</u>	\$ <u>500.00</u>
Mailing Address <u>600 CORPORATE PARK DR.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>ST. LOUIS, MO 63105</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ATT PAC</u>	<u>1/1/16</u>	\$ <u>250.00</u>
Mailing Address _____	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON MS.</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>RANDY RUSSELL</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Extergy PAC</u>	<u>1/1/16</u>	\$ <u>250.00</u>
Mailing Address _____	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON, MS</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>LAWRENCE JOHNSON</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>COM CAST</u>	<u>1/1/16</u>	\$ <u>500.00</u>
Mailing Address _____	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON, MS</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>EVERLYN JOHNSON</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John HinesReporting period 1-28-16 through 12-31-17

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>NAIA</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>BEN Thompson</u>	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mississippi Power PAC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>250.00</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>J.A. Robinson</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Check America</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Medrich Bayles</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Will Amend if needed

P. 2.

1-22-16
1-21-17
1-20-18

1-21-17

30.00

5.25.00

Mississauga power line

T.A. Robinson
Golf Port, MS

100.00

Check American

Jackpot, MS
Mystery 10000

525.00

Will Award if needed

Name of Candidate or Committee John Hines
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>U.S. Postal</u>	Date (Mo., Day, Year) <u>6/8/16</u>	Amount of each disbursement this period \$ <u>650.00</u>
Mailing Address		
City, State, Zip Code <u>Greenville, NC 27201</u>	<u>12/2/16</u>	\$ <u>850.00</u>
Purpose of Disbursement (Optional) <u>Postage</u>	Aggregate Year-to-date	\$ <u>1500.00</u>
B. Full name <u>Demarcus Scott</u>	Date (Mo., Day, Year) <u>11/23/16</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code <u>Greenville, NC</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Catering for turkey dinner giveaway</u>	Aggregate Year-to-date	\$ <u>750.00</u>
C. Full name <u>WALMART</u>	Date (Mo., Day, Year) <u>12/23/16</u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code <u>Greenville, NC</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Christmas Toy Drive</u>	Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name	Date (Mo., Day, Year) <u> </u> / <u> </u> / <u> </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u> </u> / <u> </u> / <u> </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u> </u> / <u> </u> / <u> </u>	Amount of each disbursement this period \$
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Will Amend IF Needed

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